

## **PRIVACY ACT NOTICE**

**GENERAL** - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974). December 31, 1974, for and as amended individuals completing Federal nomination for training forms.

**AUTHORITY** - The Government Employees Training Act of 1953 (U.S. Code, Title 5, Sections 4101 to 4118).

**PURPOSES AND USES** - The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

**Effect of Nondisclosure** - Personal information provided on this form is given on a voluntary basis, as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

**Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)**-Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of the Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.



National  
Aeronautics and  
Space  
Administration

# Application for In-House Training

## INSTRUCTIONS

- \* Submit a separate typewritten form for each training course to:  
NASA Headquarters Training and Development, Code CP-1 or  
NASA Headquarters Computer Training Center (CTC), Code CP-2
- \* DO NOT use this form for Graduate Study, Continuing Education, Development Programs, conferences, academic courses, or outside courses that require funding and/or procurement.
- \* IN-HOUSE training includes any short course, workshop, seminar or Computer Training Center course taught at or provided by NASA Headquarters for which no direct tuition/registration is charged.

## REQUEST

NAME (Last, First, M.I.)		GRADE	MAIL CODE	ORG. CODE	SOCIAL SECURITY NUMBER 000-00-0000	
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS			COURSE DATE(S) FROM TO	
COURSE CODE AND TITLE						
TYPE OF EMPLOYEE (Check one) <input type="checkbox"/> NASA <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER			FOR COMPUTER CLASSES, INDICATE LEVEL OF EXPERIENCE WITH THIS SOFTWARE (Check one) <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> EXPERIENCED			
JUSTIFICATION						

## REGISTRATION TRAINING AGREEMENT

If selected, I agree to attend all scheduled classes. If I am unable to do so, I will immediately notify my supervisor, Training Coordinator, and Training Office (358-1141). For Computer Training Center courses, I will call the CTC (358-1111).

When a selected employee attends only a portion of the class meetings or fails to notify the Training Coordinator of his/her inability to attend a course in time for a suitable replacement:

- The employee may be requested to send a written explanation for non-attendance to the Chief, Headquarters Training and Development, through his/her appropriate Division/Project Office.
- The employee's organization may be held liable for their share of the tuition cost.

I have read and agree to abide by these regulations.

EMPLOYEE'S SIGNATURE

DATE

06/02/98

## APPROVALS

SUPERVISOR'S NAME AND TITLE	PHONE NUMBER	SUPERVISOR'S SIGNATURE	DATE
TRAINING COORDINATOR'S SIGNATURE			DATE